



COVERING YOU AWAY FROM HOME

Cigna Guest Privileges program

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Sometimes life takes you away from home. But if you need health care services while you're away, where you are shouldn't get in the way of how you access your health benefits. **Cigna Guest Privileges** program helps makes sure you're covered.



If you or a covered member of your family will be in another Cigna service area for 60 days or more, our Guest Privileges program lets you enroll as a "guest" in the Cigna network in that location.

This is an ideal way for you to arrange health care coverage in these situations:

- › Temporary job assignments in another location
- › Family separations due to divorce
- › Relocations where part of the family stays until the end of the school year.



How do I get Guest Privileges?

Enrolling in the Guest Privileges program is easy.



- › Complete the attached worksheet then call Cigna customer services at the toll-free number on your ID card to enroll.

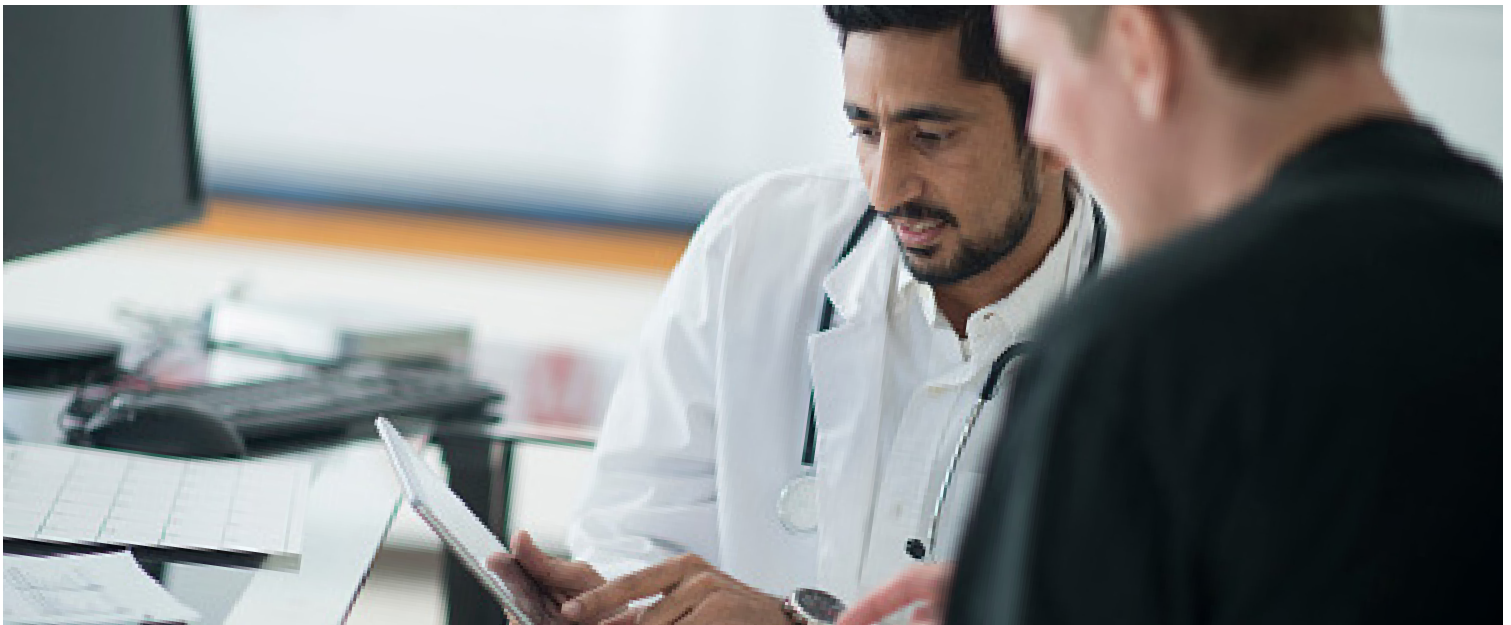


- › Make sure you enroll in the Guest Privileges program by the 25th day of the month in order for your coverage to begin at your guest location by the first of the next month.



- › Once you're enrolled, you'll be able to access the full range of in-network coverage at the guest location, including routine and preventive care.

The following pages will give you more detail on how the Cigna Guest Privilege program works and how to enroll.



Before you enroll

Here's what you need to do before you call Cigna customer services to enroll.



Understand your service area

Cigna customer services can help you determine if you'll be living in a Cigna service area at your guest location.



Choose a doctor

Visit the Cigna Directory on **Cigna.com** to find a doctor in your guest location network. Need help? Call Cigna customer services at the toll-free number on your ID card.



Make the call

Once you've determined your service area, chosen a primary care physician at the guest location and completed the worksheet, call Cigna customer services at the toll-free number on your ID card.

Once you're enrolled

You'll receive a confirmation statement from Cigna verifying your doctor selection and the effective date of coverage in your guest location. Soon after, you'll also receive a Cigna ID card for your guest location. Beginning on the effective date shown on your confirmation statement, you'll be able to access the full range of covered services at the guest location, including routine and preventive care.

Important things to remember

The coverage at your guest location may be different from the coverage at your home location, due to state mandates. For example:

- ▶ Once you've enrolled in Guest Privileges, only emergency or urgent care will be covered at your home location. You should receive all your routine care at the guest site.
- ▶ Dependent children living away from home may remain guests until they reach the age limit for dependent eligibility. College students should consider carefully whether they want to receive their primary care at home or school.

How to disenroll

When you're planning to return to your home location, call customer services to discontinue your guest status. Remember, to call Cigna in advance of your move.



For more information about the Cigna Guest Privileges program call customer services at the toll-free number on your Cigna ID card.

Before you call customer services

It is helpful to fill out all the information listed on the Enrollment Worksheet below before you call customer services. This information is necessary whether you are enrolling as a guest or returning to your home site.

Enrollment Worksheet									
Employee Information									
Employee Name									
Cigna ID # or Employee Social Security # (on the front of your Cigna ID card)								Home Phone #	
Home Address (Street # and Apartment #)									
City					State			Zip Code	
Guest Applicant Information									
Guest Applicant Name									
Birth Date				Sex		Relationship to Employee			
MM	DD	YYYY		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Guest Site location (Street # and Apartment #)									
City					State			Zip Code	
Guest Site Primary Care Physician					Guest Site Health Center, if applicable				
Name			ID Number		Name			ID Number	
Requested Effective Date at Guest Location									
MM	DD	YYYY							
Is Guest Covered Under Another Group Plan, HMO or Medicare? If Yes, please provide:									
Policy Number					Effective Date of Coverage				
					MM		DD		YYYY



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